

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO  <h1>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h1>  <i>(Use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	10/501,698-Conf. #2912
				Filing Date	February 3, 2005
				First Named Inventor	Yasuyoshi Ueda
				Art Unit	1657
				Examiner Name	S. K. Singh
				Attorney Docket Number	21581-00490-US
Sheet	1	of	2		

[illegible][illegible]

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO  <div style="text-align: center;"> <h1>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h1> <p><i>(Use as many sheets as necessary)</i></p> </div>				<b>Complete if Known</b>	
				Application Number	10/501,698-Conf. #2912
				Filing Date	February 3, 2005
				First Named Inventor	Yasuyoshi Ueda
				Art Unit	1657
				Examiner Name	S. K. Singh
				Attorney Docket Number	21581-00490-US
Sheet	2	of	2		

[illegible]

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.